

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	HL	32	4-10-01
<b>O.I.P.E. CLASSIFIER</b>	LM	53	
<b>FORMALITY REVIEW</b>	MTB	954	5/17/01
<b>RESPONSE FORMALITY REVIEW</b>	RL	907	8-30-01

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

07/05/17